R E P O R T R E S U M E S

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GUIDELINES FOR THE REFERRAL OF CHILDREN WHO ARE SUSPECTED OR KNOWN TO BE EXCEPTIONAL.

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INFORMATION IS PROVIDED IN THIS BOOKLET ABOUT THE CRIPPLED AND HEALTH IMPAIRED, SPEECH IMPAIRED, HEARING IMPAIRED, DEAF, BLIND, PARTIALLY SEEING, EMOTIONALLY DISTURBED AND SOCIALLY MALADJUSTED, EDUCABLE MENTALLY HANDICAPPED, TRAINABLE MENTALLY HANDICAPPED, MULTIPLE HANDICAPPED, AND GIFTED. FOR EACH EXCEPTIONALITY, A DEFINITION, INCIDENCE FIGURES, AND CHARACTERISTICS ARE GIVEN. SEVEN GENERAL REFERENCES ARE ALSO PRESENTED. (MY)

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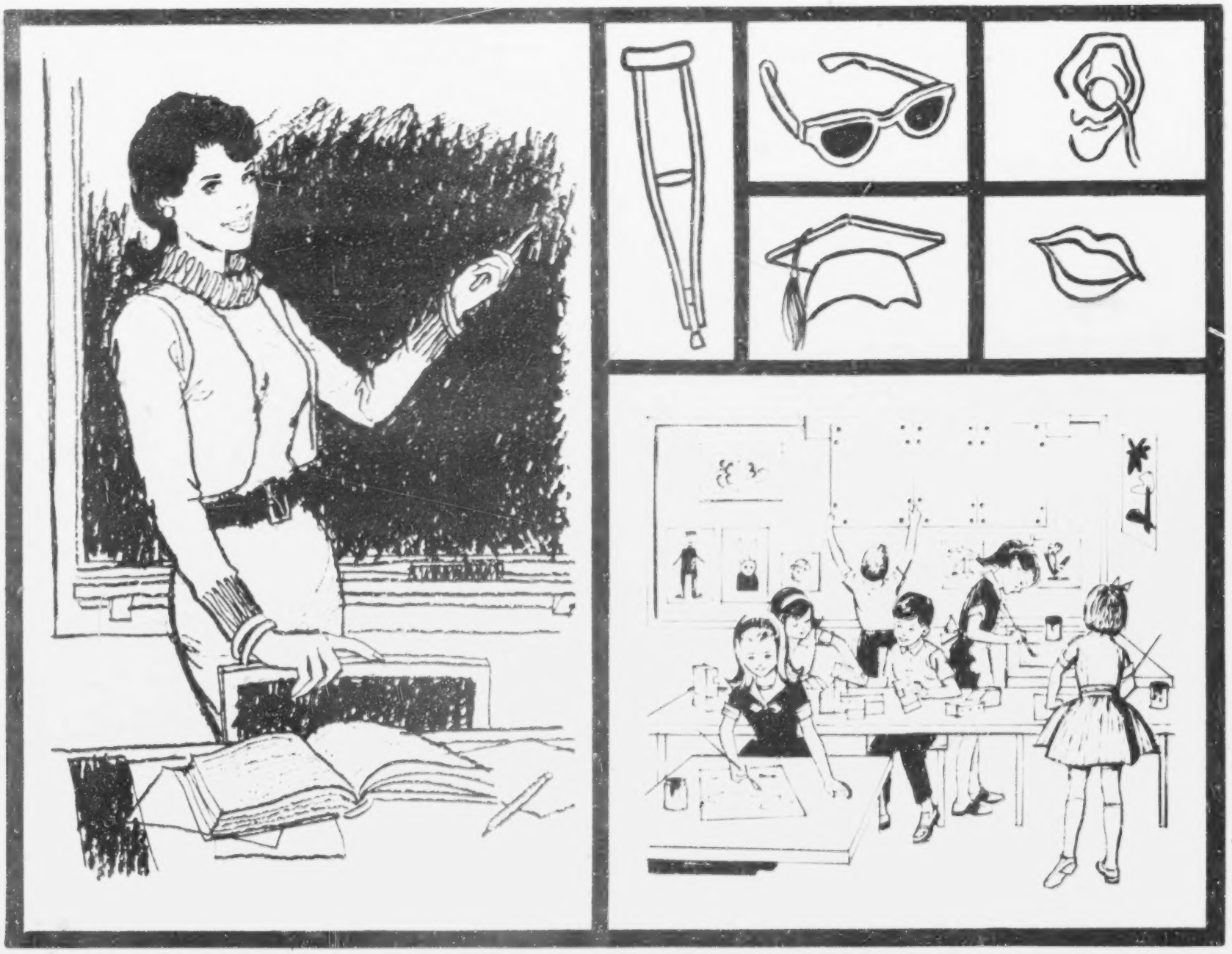
Guidelines

FOR THE REFERRAL OF CHILDREN WHO ARE SUSPECTED OR KNOWN TO BE EXCEPTIONAL



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DEVELOPED BY THE
EXCEPTIONAL CHILD ad hoc COMMITTEE
appointed by
THE STATE BOARD OF EDUCATION

1966

GUIDELINES
FOR THE REFERRAL OF CHILDREN
WHO ARE SUSPECTED OR KNOWN TO BE EXCEPTIONAL

MARCH 1966

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Developed by
THE EXCEPTIONAL CHILD ad hoc COMMITTEE

Appointed by
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F O R E W O R D

This informational booklet has been prepared to provide superintendents, principals and teachers advanced information relative to exceptional children. It should be carefully studied and also discussed by school groups.

Preparation of school personnel for answering a survey of exceptional children of our state will provide specific information on types of exceptional children. This will be necessary to determine the funding of Senate Bill #192 as passed by the 38th session of the Idaho Legislature.

Your cooperation in relation to the proper and effective use of the information provided in this booklet is earnestly solicited.

D. F. Engelking
State Superintendent of Public Instruction

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DEFINITIONS

Title 33, Chapter 20, Idaho Code as amended by Chapter 228, Idaho Session Laws of 1965 provides the following definition for an exceptional child:

> "Exceptional children" means those children whose handicaps, or whose capabilities, are so great as to require special education and special services in order to develop to their fullest capacity. This definition includes but does not limit itself to those children who are physically handicapped, mentally retarded, emotionally disturbed, chronically ill or who have perceptual impairment, visual or auditory handicaps or speech impairment as well as those children who are so academically talented that they need special educational programs to achieve their fullest potential.

Title 33, Chapter 20, Idaho Code, Section 33-2002A defines "Ancillary personnel" and "Itinerant personnel" in the following manner:

> "Ancillary personnel" those persons who render special services to exceptional children in other than the regular or in addition to regular or special class instruction.
>
> "Itinerant personnel" those persons who render services to two or more schools, school districts or locations, who are not assigned to an organized classroom, and who render services to exceptional children.

SPECIAL EDUCATION:

Those educational facilities, materials, evaluative services, therapeutic services, and instruction which are especially designed and operated by personnel with special educational qualifications, to meet the particular needs of exceptional children.

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Members of Exceptional Child ad hoc Committee

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GENERAL REFERENCES

GUIDELINES FOR THE REFERRAL OF CHILDREN
WHO ARE SUSPECTED OR KNOWN TO BE EXCEPTIONAL

TYPE 1

CRIPPLED AND HEALTH IMPAIRED

DEFINITION:

CRIPPLED AND HEALTH IMPAIRED ARE THOSE CHILDREN WHO BECAUSE OF MUSCULO SKELETAL DEFECTS, CONGENITAL ANOMALIES, BIRTH INJURY OR OTHER TRAUMATIC, OR INFECTIOUS CONDITIONS MAY BE UNABLE TO ACHIEVE MAXIMUM BENEFITS FROM REGULAR CLASSROOM PLACEMENT AND WHO REQUIRE SPECIAL EDUCATION PLACEMENT OR SERVICES.

INCIDENCE:

Prevalency figures vary considerably, but it is estimated that about 2 to 3 percent of school age children fall in this category.

SYMPTOMS OF CRIPPLING CONDITIONS AND HEALTH IMPAIRED

This group of children are characterized by greatly reduced strength, vitality, alertness, movement or locomotion which limit the ability of the child to perform at a maximum level of efficiency in school.

MUSCULAR DYSTROPHY, gradual degeneration and wasting of muscles.

MULTIPLE SCLEROSIS, also is a progressive degenerative disease involving the muscles. However, there are additional symptoms such as spasticity of the extremities, tremors, unsteady gait, visual and sensory spasticity of the extremities, visual and sensory complications which usually develop as a result of the damage to nerves.

POLIOMYELITIS

Paralysis of the muscles is the consequence of the disease. It is the nerve cells in the gray matter of the spinal cord which are damaged by polio virus.

SPINA BIFIDA

Is a congenital developmental condition in which there is a defect of closure of the long spinal canal. As a result there is usually a protrusion of the spinal cord through this gap. This causes varying degrees of paralysis of the lower extremities as well as lower abdominal organs.

CEREBRAL PALSY

Neuromuscular disabilities which are characterized by neuromuscular dysfunctions and by disturbances of voluntary motor function especially the extremities, and is caused by damage to the brain before, during or after birth.

ERB'S PALSY

This condition results in paralysis of the muscles of the shoulder, arm, and hand. The arms hang limp, the hand rotates inward and normal movements are usually lost. The most common cause is nerve damage during breech birth.

HEMOPHILIA

A blood condition in which coagulation is difficult and excessive bleeding a danger.

OSTEOGENESIS AND FRAGILITAS OSMIUM

Children who are susceptible to fractures of the bones without any apparent cause.

CONGENITAL AMPUTATIONS

Children who were born without one or more lower or upper extremities.

FOOT CONDITIONS

1. Club feet (Talipes) - The child with this type of defect usually walks on the inside of his foot, wears down the outside of his shoes.

2. Flat feet (Talipes Planus) - Exaggerated arch.

3. Walks on tiptoes

4. Walks on heels.

WRY NECK (Torticollis)

Contracture of the neck muscles, drawing the head to the side with chin pointing in opposite direction.

CURVATURE OF THE SPINE

1. Scoliosis - Lateral curvature of the spine. There is a list to the side or an abnormal alignment of the trunk.

2. Lordosis - Commonly referred to as sway back and is accompanied by a portruding stomach or slumping posture.

3. Kyphosis - Rounded neck or hunch back.

CONGENITAL DISLOCATION OF THE HIP

The thigh bone is displaced in the hip socket.

BONE CYSTS

Is slow growing, bone-destructive lesion, near one end of the shaft of a long bone.

TUMORS

Are growths which may be either benign or malignant.

ACCIDENTS

Those accidents which cause musculo skeletal defects, and result in lack of adequate motion. There may be the absence of one or more of the extremities.

HEART CONDITIONS - congenital or acquired.

RHEUMATIC FEVER

A chronic infection of the connective tissues of the body, affecting the joints, heart, and blood vessels.

LEUKEMIA

"Cancer of the blood", may be chronic or acute.

NEPHRITIS

Puffiness around the eyes and other parts of the body; vomiting, fever, loss of appetite; anemia, drowsiness, and convulsions.

INFECTIOUS HEPATITIS

Spread through direct contact or through contaminated food and drinking water. Characterized by loss of appetite, weariness, nausea, abdominal pain, headache, jaundice, enlargement of the liver.

EPILEPSY (Seizures)

Seizures are a symptom of a physical disorder such as injury to the brain, or may be associated with acute infections or fevers. Two most common types are:

1. Petit Mal - the child loses consciousness for a few seconds, but does not fall. His eyes may roll up or there may be rhythmic blinking of the eyelids. He may drop things, appear to stare straight ahead, or stand still, unaware of what is going on around him. He quickly recovers and goes on with what he was doing. If he is reading aloud, he may stop for a few seconds and then go on.

2. Grand Mal - The individual loses consciousness and falls down. The muscles tighten, accompanied by twitching and tremors. The seizure may last several minutes.

TUBERCULOSIS (Potts Disease)

Infection of the spine, the bones, or joints and causes crippling conditions.

OSTECMYELITIS

Inflammation of the marrow of the bone.

ARTHRITIS

Is a condition which results in inflammation of the joints which may result in swollen knees, fingers, and elbows and may be very painful and result in immobilization.

DIABETES

Is a metabolic condition in which there is insufficient insulin produced by the pancreas to enable the body to utilize adequately glucose, or sugar.

ECZEMA (Dermatitis)

Inflammatory condition of the skin, acute or chronic with pustules, scales, crusts, or scabs, dry or with watery discharge.

TYPE 2

SPEECH IMPAIRED

DEFINITION:

SPEECH IS CONSIDERED TO BE DEFECTIVE WHEN IT DEVIATES SO FAR FROM THE SPEECH OF OTHER PEOPLE THAT IT CALLS ATTENTION TO ITSELF, INTERFERES WITH COMMUNICATION, OR CAUSES ITS POSSESSOR TO BE MALADJUSTED*

INCIDENCE:

Estimates of the numbers of speech impaired school age children are not particularly reliable. The prevalence figure for speech disorders represents the highest single figure for all areas of handicapping conditions.

The U.S. Office of Education has estimated that 5 percent of the school age children are in need of professional speech therapy services. Most speech problems lend themselves to significant and even complete correction.

CLASSIFICATIONS AND SYMPTOMS OF SPEECH DISORDERS

Classification of various types of speech disorders may be done in several ways. One of the most useful methods is classification by symptoms exhibited. The following disorders are arranged for the most part according to prevalence.

1. Articulation disorders
2. Voice disorders
3. Stuttering
4. Cleft palate
5. Cerebral palsy

ARTICULATION DISORDERS

These disorders are a form of mispronunciation involving a part or all of the word or words. The outstanding characteristics of the articulation disorders are as follows:

1. OMISSIONS - Speech sounds are omitted as "at" for "cat" and "lay" for "lady", or "do-" for "dog".

2. SUBSTITUTION - This error involves such utterances as "tat" for "cat", "wabbit" for "rabbit" and "gog" for "dog".

3. DISTORTIONS - This error includes faulty sounds as a distorted "s", (lisp), or an "r", etc.

*Charles Van Riper - Speech Correction Principles and Practices - Prentice Hall Inc., 1954.

4. ADDITIONS - These errors which occur infrequently can be found in, "furog" for "frog" and "forgest" for "forget".

A quick method of detecting articulation problems is to watch and listen closely as the student counts from one to twenty or names the colors, black, white, red, blue, green, yellow, orange, purple, lavender, and pink. Most of the speech sounds are represented in the above words.

STUTTERING

This speech disorder is described as speech which is not fluent and consists of prolongations, blocks, repetitions, and hesitations which interfere with the normal flow of speech.

VOICE DISORDERS

A voice disorder is an abnormal deviation of the following four characteristics:

1. Pitch - too high or too low for the age and natural range of the individual.

2. Rate - too fast, too slow, jerky.

3. Loudness - too soft, too loud or insufficient variations in loudness which may cause the voice to be monotonous.

4. Quality - this is the most common type of voice disorder found among school age children. The most common characteristics are, breathiness, harshness, hoarseness, nasality, (hyper-nasality and de-nasality), lack of projection.

SPECIAL PROBLEMS

CLEFT PALATE SPEECH

This is an organic problem which is congenital in origin. The condition is caused by a failure of the bones forming the hard palate and upper jaw to develop normally in the embryo with the result that the defect in the structure can vary from a simple split in the uvula which hangs down the back of the mouth to an opening throughout the roof of the mouth and may extend out through the upper gum, upper ridge and lip.

Modern surgical techniques, orthodontia for straightening the teeth, and artificial palates have all contributed greatly to the improvement of the condition of cleft lip and palate. In spite of all these helps, speech correction is often needed because the child must learn to use his speech mechanism more effectively and efficiently.

Cleft palate speech is characterized by a snorting sound with air escaping through the nose for the consonant sounds, and the vowels are extremely nasalized.

This child is an example of one who needs a team approach of specialists in order for him to be rehabilitated. The State Health Department has such a team.

CEREBRAL PALSY

Any damage to the brain which directly affects the control or coordination of the muscles can be denoted as cerebral palsy. Most commonly the condition occurs before, during or after birth and involves incoordination or abnormal control due to brain damage. The muscles become abnormally tense, jerky or uncontrolled. Not all cerebral palsy individuals have speech problems. Possibly 70 to 90 percent of them need special speech help.

TYPE 3

HEARING IMPAIRED
(Auditorially Impaired)

DEFINITIONS:

(1) SEVERELY HARD OF HEARING AND DEAF ARE THOSE WHO CANNOT COMMUNICATE BECAUSE OF AUDITORY DISABILITIES AND MUST DEPEND UPON OTHER SENSORY AVENUES. IF ORAL COMMUNICATION SKILLS WERE NOT DEVELOPED PRIOR TO THE ONSET OF DEAFNESS, THE UNDERSTANDING AND DEVELOPMENT OF SPEECH WILL NOT DEVELOP NORMALLY AND THE PERSON WILL BE SEVERELY HANDICAPPED SOCIALLY AND EDUCATIONALLY.

(2) HARD OF HEARING ARE THOSE WHOSE SENSE OF HEARING IS IMPAIRED, BUT WHO HAVE SUFFICIENT RESIDUAL HEARING WHICH CAN BE USED FOR COMMUNICATION WITH PROVISION OF A SPECIAL EDUCATIONAL PROGRAM AND WITH SPECIAL MANAGEMENT.

Those considered in the classification of the severely hard of hearing and the deaf show on an individual audiometric evaluation a hearing loss of 75 db or more.* Those with hearing losses of 50 db and lower are usually in need of special service aids also.

INCIDENCE:

Accurate statistics on the number of hearing impaired are not available. It is estimated that of the school age population .5 percent can be expected to be deaf and 1. percent can be expected to be hard of hearing.**

This group of hearing impaired does not include the children with central nervous system disorders which affect language and speech development. These language disturbed children, are referred to as aphasics and may or may not hear sound normally; however, their primary problem is lack of ability to interpret sound. Their educational needs are different from the needs of the hearing impaired.

SYMPTOMS OF HEARING DEFECTS

The teacher who is aware of hearing defects will recognize any of the following symptoms to be suggestive of a hearing loss. Children manifesting these symptoms should be reported.

SPEECH

Careless and inaccurate production of many sounds

VOICE

Abnormally high-pitched

*Newby - Children's Bureau Pub. #402-403, U.S. Dept. of Health, Ed., & Welfare - 1963

**U.S. Office of Education - 1950

Muffled
Dull, metallic quality
Weak voice
Loud voice

PHYSICAL

Turning the head to catch sounds with the better ear
Frowning or straining forward to hear voices
Watching the lips of the speaker rather than the eyes
Watching the face of the teacher during a class explanation rather than the example on the board.
Breathing through the mouth
Sudden change in behavior, particularly after an illness
Frequent requests for instructions to be repeated.
Complains of ear aches
Has running ears

PERSONALITY

Withdrawal from the group
Nervousness and irritability
Listlessness
Self-consciousness
Sullen - "chip on shoulder"
Hypersensitive
Defense mechanisms
Temper tantrums

ACADEMIC

Is an underachiever
May have repeated one or more grades
Normal school progress may suddenly slacken

TYPE 4 - BLIND
TYPE 5 - PARTIALLY SEEING

VISUALLY IMPAIRED

DEFINITIONS:

> VISUALLY HANDICAPPED CHILDREN ARE THOSE WHO BECAUSE OF A VISION DEVIATION FROM THE NORMAL ARE INCAPABLE OF BEING EDUCATED PROFITABLY AND EFFECTIVELY THROUGH ORDINARY CLASS INSTRUCTION OR WITHOUT SPECIAL ASSISTANCE.

INCLUDED ARE CHILDREN WITH LATERALITY DIFFICULTIES AND THOSE WHO ARE CONFRONTED WITH EDUCATIONAL PROBLEMS RESULTING FROM OCULAR DIFFICULTIES, VISION DEFICIENCIES, AND VISION HABITS.

PARTIALLY SEEING:

ARE THOSE WHO RETAIN A RELATIVELY LOW DEGREE OF VISION AND READ ONLY ENLARGED PRINT OR THOSE WHO HAVE REMAINING VISION MAKING IT POSSIBLE FOR THEM TO READ LIMITED AMOUNTS OF REGULAR PRINT UNDER VERY SPECIAL CONDITIONS.

BLIND

ARE THOSE WHO HAVE SO LITTLE REMAINING USEFUL VISION THAT THEY MUST USE BRAILLE AS THEIR READING MEDIUM.

INCIDENCE:

From surveys and estimates by the White House conference of Child Health and Protection, it is stated that 20 percent of all children have eye defects. This number is one child out of every five and obviously many times more than first impressions would indicate.

Among this 20 percent, 19.75 percent of all children are indicated as having correctable defects, but obviously only a small number of these are usually corrected. The remaining 0.25 percent of the grand total with eye defects are divided so that four-fifths of them are considered in the group of the partially seeing and the remaining one-fifth are blind. In terms of numbers there is sufficient cause for a serious attempt to have those students who show evidence of visual deficiencies to be referred for professional diagnosis and treatment.

PERCENT OF CHILDREN WITH VISUAL DEFECTS

Degree of Defect	Percent
Normal Vision	80.00
Correctable Defects	19.75
Partially Seeing	.20
Blind	.05

The teacher in the regular classroom should be on the alert for cases of possible eye defect as well as eye disease. The final diagnosis should be made by the appropriate and competent medical specialist.

It is not intended nor expected that the following list of symptoms should be used to diagnose eye defects, but the existence of several symptoms together in one child should raise serious doubt as to normal vision.

Some of these symptoms may indicate other types of difficulties such as defective hearing or general emotional maladjustment, but these facts do not detract from the usefulness and importance of the list as earmarks of possible vision defect or disease.

SYMPTOMS OF VISUAL DEFECT

BEHAVIOR WHICH MAY INDICATE VISUAL DISTURBANCE

1. Rubs eyes excessively

2. Stumbles frequently or trips over small objects

3. Blinks more than usual, cries often, or is irritable when doing close work.

4. Holds book or small objects close to eyes

5. Shuts or covers one eye, tilts or thrusts head forward when looking at objects.

6. Is unable to see distant things clearly

7. Squints eyelids together or frowns

8. Blinks more than usual

9. Confuses the following, in reading and spelling:

   o's and a's
   e's and c's
   n's and m's
   h's and n's and r's
   f's and t's

10. Is sensitive to light

11. Is unable to distinguish colors

12. Holds body tense or screws up face either for distant or for close work

13. Is uninterested in distant objects or unable to participate in games such as playing ball.

14. Has difficulty in keeping place when reading.

15. Reading only a brief period without stopping

16. Inattention or fatigue during blackboard work

17. Evidence of frustrations during visual work

APPEARANCE WHICH MAY INDICATE VISUAL DISTURBANCE

1. Crossed eyes

2. Red-rimmed, encrusted, or swollen eyelids

3. Inflamed or watery eyes

4. Repeated sties

COMPLAINTS TO PARENTS OR TEACHER BY STUDENT

1. Dizziness, headaches, nausea, following close eye work

2. Blurred or double vision

3. Eyes itch, burn or feel scratchy

4. Cannot see well

TYPE 6

EMOTIONALLY DISTURBED - SOCIALLY MALADJUSTED

DEFINITION:

EMOTIONALLY DISTURBED AND SOCIALLY MALADJUSTED ARE CHILDREN WHO ARE UNABLE TO MAKE CONSTRUCTIVE USE OF THEIR REGULAR EDUCATIONAL EXPERIENCES AND REQUIRE SPECIAL EDUCATION PROGRAMS DESIGNED TO PROMOTE THEIR EDUCATIONAL GROWTH AND DEVELOPMENT. THESE ARE CHILDREN WHO CONSISTENTLY RESPOND TO LIFE SITUATIONS IN AN AFFECTIVELY INAPPROPRIATE MANNER.

INCIDENCE:

There are no known reliable estimates of the numbers of children who because of serious behavior problems or emotional problems are incapacitated in the regular classrooms. One authority reports that 2 to 3 percent of the school enrollment are so handicapped while other authorities report the incidence to be much higher.

DESCRIPTION:

The child with severe emotional disturbance is one who is unable to benefit optimally from regular educational experiences due to the inappropriateness of his emotional reactions rather than due to lack of intellectual ability per se. On the surface the maladjusted child seems to lack any basis for his actions, and the underlying causes of his behavior may be difficult to determine.

While the classroom teacher is not to be considered a diagnostician, certain types of behavior may lead her to suspect that all is not well. These variations are generally not single, isolated events, but usually involve a large part of the child's activities. The teacher generally intuitively reacts to emotionally disturbed children with the feeling: "I know he can do better work than he is doing." Teachers generally are more effective at locating the child who acts out, than in sensing the child who is withdrawn and inwardly upset.

Frequently the emotionally disturbed child, although he has normal mentality, because of his underachievement may be thought to be mentally retarded. Certain distinctions may be noted in regard to the emotionally disturbed and the mentally retarded.

ACHIEVEMENT:

1. The child with normal mentality although emotionally disturbed will usually display an appropriate vocabulary level.

2. The retarded child will have a limited vocabulary with a low level of conceptualization and reasoning ability.

The following classifications and list of observable characteristics are too brief to encompass all the variations in behavior patterns which are clues to inner stress, emotional disturbance, and maladjusted behavior. While some of the following symptoms may be displayed by normal children they are not to be considered significant unless they occur REGULARLY, INTENSELY, and FREQUENTLY enough to be recognized as EXCESSIVE and INAPPROPRIATE for the occasion or child's age.

The emotionally disturbed and socially maladjusted individual may be divided into three sub-categories. There is an overlap of the characteristics of the sub-groups.

I. Emotionally disturbed with general maladjustment

II. Emotionally disturbed with aggressive behavior

III. Emotionally disturbed with withdrawal behavior

I. EMOTIONALLY DISTURBED WITH GENERAL MALADJUSTMENT

1. Needs an unusual amount of prodding to get work completed
2. Is inattentive and indifferent or apparently lazy
3. Is actively excluded by most of the children whenever they have a chance.
4. Is a failure in school for no apparent reason
5. Is an overachiever in school work
6. Is absent from school frequently or dislikes school intensely
7. Seems to be more unhappy than most children
8. Achieves much less in school than his ability indicates he should
9. Is jealous or over-competitive
10. Has been in trouble with the police

II. EMOTIONALLY DISTURBED WITH AGGRESSIVE BEHAVIOR

1. Cannot accept the decisions of the teacher or other members of the group
2. Is quarrelsome, fights often, gets mad easily
3. Is a bully, picks on others
4. Is resentful, defiant, rude, sullen to adults as well as to his age mates

5. Is disruptive in class and is difficult to manage

6. Is regarded by other pupils as a pest, tends to rub them in the wrong way and is excluded by others at every opportunity

7. Often steals

8. Frequently tells lies or boasts

9. Occasionally is destructive of property

III. EMOTIONALLY DISTURBED WITHDRAWAL BEHAVIOR

1. Is not noticed by other youngsters, is neither active, liked or disliked, just left out. Is an isolate

2. Has one or more of the following characteristics; shy, timid, fearful, anxious, excessively quiet, tense

3. Daydreams a great deal

4. Rarely stands up for himself or for his ideas and fails to defend himself

5. Is "too good" for his own good

6. Finds it difficult to be in group activities or to be relaxed with others

7. Is easily upset, feelings are readily hurt, is easily discouraged

8. Prefers to work and play alone

CHECK LIST
BEHAVIORS SUGGESTIVE OF POSSIBLE EMOTIONAL DISTURBANCE
WHEN OCCURRING EXCESSIVELY, REGULARILY OR INAPPROPRIATELY

1. Has facial or other twitching and tics
2. Performs "rituals"
3. Is overly meticulous
4. Is afraid of getting dirty
5. Is unkept, and slovenly
6. His desk is a "mess"
7. Bites fingernails and pencils
8. Sucks the thumb, fingers, or tongue
9. Is extremely restless
10. Wanders about the room
11. Twists the hair
12. Sighs deeply and frequently
13. Has the shoes on and off
14. Makes queer sounds
15. Masturbates and scratches
16. Wets self when overly excited
17. Is a bed wetter
18. Voice is too soft or too loud

19. Stutters, lisps, has prolonged "baby talk."

20. Is overly boisterous and noisy

21. Overeats and is obese

22. Lacks appetite and is thin and puny

23. Wants to talk all the time

24. Refuses to talk

25. Sets fires, destroys property

26. Tattles

27. Is untruthful, lies

28. Exaggerates and tells imaginative tales

29. Is a sissy or a tomboy

30. Uses profanity and writes obscene notes

31. Smokes

32. Is cruel to small children and animals

33. Is destructive

34. Repeats unrewarding acts

35. Is unable to focus attention

36. Pretends to be stupid although bright

37. Is a braggart

38. Says he is dumb

39. Threatens violence to himself and others

40. Is secretive

41. Apple polishes

42. Has only one friend or no friends

43. Tries to buy friendship

44. Becomes nauseated, vomits

45. Has headaches

46. Hates school, teacher and others

47. His writing is messy or overly perfect

48. Is a complainer, generally

49. Complains of aches and pains

50. Although his sense of hearing is normal he may not interpret speech.

51. Refuses to perform in P.E.

52. Cries easily

53. Gets angry easily

54. Is overly timid and shy

55. Day dreams

56. Acts the clown

57. Riducles others

58. Has temper tantrums

59. Is a day dreamer

OTHER CONSIDERATIONS

In addition to observation of the above traits careful consideration should also be given to:

1. SCHOOL RECORDS
   Achievement test scores and teacher grades for here is found the records of the student's demonstrated achievement. Students shouldn't particularly be omitted from the classification of academically talented because of poor achievement, if there are other indications of high mentality.

2. INTELLIGENCE TEST RESULTS
   The intelligence test results are a fairly valid basis for identifying the academically talented. In all cases where feasible, individual intelligence test results should be used to check the accuracy of group intelligence test results.

3. SOCIAL AND EMOTIONAL MATURITY AND ADJUSTMENT
   Research indicates that the academically talented are more than likely to be well adjusted socially and emotionally. It is also found they tend to select their close friends and associates from pupils of comparable age and mental ability or from older pupils of comparable mental age.

4. AMBITION AND DRIVE
   Without ambition and determination, a pupil is not likely to be very successful in school achievement, but if he is found to possess some characteristics of high mentality he could develop drive if placed in a challenging program.

TYPE 7 - LEVEL I - EDUCABLE MENTALLY RETARDED
TYPE 8 - LEVEL II - TRAINABLE MENTALLY RETARDED

DEFINITION:

MENTALLY RETARDED REFERS TO SUBAVERAGE GENERAL INTELLECTUAL FUNCTIONING WHICH ORIGINATES DURING THE DEVELOPMENTAL PERIOD AND IS ASSOCIATED WITH IMPAIRMENT IN ADAPTIVE BEHAVIOR.*

INCIDENCE:

It is estimated that about two percent of all school age children are mildly retarded and are considered to be in Level I, the group sometimes referred to as educable retarded. The Level II or those sometimes referred to as trainable will include .5 to 1 percent of the school population.

CLASSIFICATIONS AND CHARACTERISTICS

LEVEL I - EDUCABLE MENTALLY RETARDED

Those children who are educable in the sense that they can acquire sufficient knowledge and ability in the academic areas that their skills can become useful and useable. In addition to their slow mental development and retarded educational development, they are slow in meeting the normal social demands of their age groups.

1. Develop mentally from one-half to three-fourths as fast as an average child, therefore, their progress in school, under favorable conditions, is likewise about one-half to three-fourths the rate of the average child.

2. Although their vocabularies may be limited, their speech and language will be adequate in most ordinary situations.

3. Their levels of achievement vary from second to fourth or fifth grade subject matter by the age of sixteen.

4. Generally they do not begin to read until they have reached a mental age of six.

5. They ordinarily develop formal arithmetical skills when they have a mental age of approximately seven or eight.

6. Generally they have the ability to become personally and socially adjusted to the point where they can be self-directive and self-supporting.

7. Vocationally, they can learn to do unskilled or semi-skilled work, and as adults, they can usually support themselves financially.

*National Association on Mental Deficiency

8. Their I.Q. scores will probably be between 50-80.

LEVEL II - TRAINABLE MENTALLY RETARDED

They can achieve little success in academic work. While some cannot learn words or number concepts, others can learn number concepts, and can be taught to read signs for their own protection and to count and use small numbers in a limited functional manner. A few of these children, having the greatest ability, may master some primary reading. Their usual education program, however, consists of training in self care, socialization and limited economic usefulness as contrasted to the academic program for Level I mentally retarded.

These children may achieve limited social competency under continuous supervision. They will require supervision in the management of their affairs. Some will require maximum supervision and will have limited independent movement in society.

They may attain some economic usefulness in a sheltered environment such as a sheltered workshop.

1. Many of these children have physical characteristics that accompany their specific type of mental retardation such as the mongoloids, microcephalics, and the hydrocephalics.

2. Their mental development is approximately one-quarter to one-half that of the average child.

3. Their speech and language abilities are distinctly limited but they are usually able to somehow make their wants known.

4. They are generally not capable of learning academic skills such as reading and arithmetic beyond the rote learning of some words or simple numbers.

5. They are capable of learning to get along in the family and in the immediate neighborhood by learning to share, to respect property rights, and in general, to cooperate with their families and neighbors although they cannot be expected to become self-sufficient in making major decisions.

6. They are capable of eventually learning self-care in personal routines, good health habits, safety, and in other necessary skills which will make them more independent of their parents.

7. They are capable of learning to assist in chores around the home and/or in doing routine jobs in a sheltered environment.

8. They will require care, supervision, and economic support throughout their lives.

9. Their I.Q. scores will probably be between 30-50.

INTELLECTUAL TRAITS OF THE MENTALLY RETARDED

1. Tend to have a slow reaction time; learn slowly and need a lot of practice.

2. Tend to respond in a stereotyped fashion; inept at finding new solutions.

3. Tend to have a short attention span; periods of concentration on academic materials, short.

4. Tend to be weak in initiative, versatility, and originality.

5. Tend to be poor in working with abstractions; prefer working with things rather than ideas.

6. Tend to be weak in making associations; not readily aware of relationships.

7. Tend to be inept in making generalizations; do not make deductions readily.

8. Tend to be weak in self-criticism; do not evaluate their own errors readily.

9. Tend to be weak in analyzing and in reasoning. Memorize information without concern for understanding.

10. Tend to be weak in detecting absurdities; overlook the irrelevant and the absurd.

11. Tend to have a narrow range of interests.

12. Tend to be impressed by the physical, the concrete, or the mechanical; interested in the <u>what</u> rather than the <u>why</u>.

TYPE 9

ACADEMICALLY TALENTED
OR
HIGH MENTAL ABILITY

DEFINITION:

ACADEMICALLY TALENTED ARE THOSE PERSONS WHO POSSESS SUCH A HIGH DEGREE OF INTELLECTUAL CAPACITY AND FUNCTIONAL ACADEMIC POTENTIAL AS TO REQUIRE EDUCATIONAL OPPORTUNITY BEYOND THAT OF REGULAR CLASSROOM INSTRUCTION.

INCIDENCE:

Various estimates have been given of the number or percentage of children with high mental ability. Those considered academically talented or of extremely high mental ability usually include the upper 2 percent of the school population.

The children in this category while not considered handicapped so often go undetected and unrecognized and their abilities wasted that they may be the most handicapped of all groups, and hence they qualify for consideration among the types of exceptionalities. While not all children with high mental ability are easily identified it is possible to identify the able student, even though it may be difficult to do so. Ideally the identification should be made early for the school to give some special attention to the identified students. Every effort should be made to locate those students who because of superior mentality, the regular classroom is not challenging.

While the I.Q. score by itself should not be the single criteria for selection of the academically talented those students who have an I.Q. rating of 130 or above are to be considered and further evaluated in terms of certain observable characteristics.

SYMPTOMS OR OBSERVABLE TRAITS OF THE ACADEMICALLY TALENTED

The alert teacher has a wealth of knowledge about students, but there seems to be a tendency for the teacher to recognize the child who is attractive, well-behaved, ambitious, and conformative to be academically talented. To assist in the identification of those students who are academically talented the following positive and negative characteristics should be carefully noted.

Awareness of traits is not a guarantee of locating all students who have high mentality but knowledge of them can help the teacher in the identification of such students.

POSITIVE CHARACTERISTICS OFTEN EXHIBITED BY THE ACADEMICALLY TALENTED

1. Use a large number of words easily and accurately
2. Learn easily and rapidly without much rote drill
3. Have a longer attention span on challenging material
4. Ask meaningful questions
5. Have an active interest in a wide range of topics
6. Comprehend meanings, recognize relationships, and reason clearly
7. Grasp abstract concepts
8. Use original methods and ideas
9. Are alert and observant
10. Have great powers of retention
11. Questioning attitude makes them interested in finding out the reasons for observed phenomena. They constantly ask why.

NEGATIVE CHARACTERISTICS OFTEN EXHIBITED BY THE ACADEMICALLY TALENTED

Sometimes the presence of certain negative or undesirable characteristics make it difficult to recognize children of high ability

1. Are restless, inattentive, disturbing, or annoying to those around them, like many children who have unmet needs
2. Show coordination difficulties which are evident when learning to write, cut, or color.
3. Are poor in spelling, careless in handwriting, or inaccurate in arithmetic because they are impatient with details
4. Are lackadaisical in completing or handing in assignments, and indifferent towards classwork when disinterested
5. Are often outspokenly critical both of themselves and of others, an attitude which often alienates adults as well as children
6. Are not necessarily always the leaders in the classroom

Both desirable and undesirable characteristics can indicate that a child has an excellent mind. The foregoing list simply provides a few illustrations of the qualities which suggest that a child may possess an exceptionally high level of mentality.

TYPE 10

MULTIPLE HANDICAPPED

DEFINITION:

THE MULTIPLE HANDICAPPED IS THE CHILD WITH TWO OR MORE TYPES OF HANDICAPS.

The child may have several deviating conditions which interfere with his educational progress i.e., a particular child may be crippled and also have visual and auditory or some other handicap.

Usually the handicap which is most devastating to the child's educational progress determines the type of special education class placement.

Academically talented children may also have one or more handicapping conditions such as speech, hearing, visual, crippling, health, or emotional problems.

GENERAL REFERENCES

Baker, H. J. EXCEPTIONAL CHILDREN. New York: The Macmillan Co., 1959.

Cruickshank, W. M. EXCEPTIONAL CHILDREN AND YOUTH. Englewood Cliffs, New Jersey: Prentice Hall, Inc., 1958.

Dunn, L. M. EXCEPTIONAL CHILDREN IN THE SCHOOLS. New York: Holt, Rinehardt and Winston, Inc., 1963.

Goodenough, F. L. EXCEPTIONAL CHILDREN. New York: Appleton-Century Crofts, Inc.

Jordan, T. E. THE EXCEPTIONAL CHILD. Columbus, Ohio: Charles E. Merril, 1963.

Magnifico, L. X. EDUCATION FOR THE EXCEPTIONAL CHILD. New York: David McKay Co., 1958.

READINGS ON THE EXCEPTIONAL CHILD: research and theory. New York: Century Crofts, Inc., 1962.